UNITED STATES

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Washington, DC

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

00MB	APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response . . . 16.00

SEC USE ONLY					
Prefix Serial					
DATE RECEIVED					

Name of Offering(check if this is an amendment and name has changed, and indicate change.)	-						
Series A-1 Preferred Stock	•						
Filing Under (Check box(es) that apply):	Section 4(6) ULOE						
Type of Filing: ☐ New Filing ☐ Amendment .							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)							
JackNyfe, Inc.	1 JORNA BRIGILIANA BRIGI BIERA BRIGI BENG ARMA GIBA ARMA						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone	Numb						
1765 Crockett Lane, Hillsborough, CA 94010 . 415.519.93	52						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone	Numb 00045700						
(if different from Executive Offices)	Numb 08045792						
Brief Description of Business Website services	DDOOFOOFD						
website services	PROCESSED						
Type of Business Organization	W 444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
☐ limited partnership, already formed	MAY 0 2 2008						
☐ other: limited liab	ility company						
business trust limited partnership, to be formed	THOMSON DELITEDS						
Month Year	WOWOON KEOIEIO						
	Actual Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE							
CN for Canada; FN for other foreign jurisdiction)							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION •

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Khris Loux (Number and Street, City, State, Zip Code) **Business or Residence Address** 1765 Crockett Lane, Hillsborough, CA 94010 Promoter Beneficial Owner Executive Officer ☑ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Frank Lesher (Number and Street, City, State, Zip Code) Business or Residence Address National Multiple Sclerosis Society, Greater North Jersey Chapter, 1 Kalisa Way, Suite 205 Paramus, NJ 07652-3550 Promoter Beneficial Owner Check Box(es) that Apply: Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Kim Miller (Number and Street, City, State, Zip Code) Business or Residence Address 522 Sunset Way, Emerald Hills, CA 94062 ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lev Valkin (Number and Street, City, State, Zip Code) **Business or Residence Address** 740 Woodhams Road, Santa Clara, CA 95051 General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Boiler Riffle Investments, Ltd. (Number and Street, City, State, Zip Code) **Business or Residence Address** East Bay Street, Montague Sterling Centre, 3rd Floor, Nassau, Bahamas Promoter Beneficial Owner Check Box(es) that Apply: Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code)

JackNyfe Form D amendment (388861)

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Business or Residence Address

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

General and/or
Managing Partner

Promoter Beneficial Owner

(Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	tividual)				•		
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	dividual)						
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	dividual)						
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	dividual)	•	1				
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	dividual)		ţ				
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if inc	dividual)			· · · · · ·			
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address	(Numbe	r and Street, City, State,	Zip Code)				
	(Use blank sh	eet, or copy and use add	itional copies of this shee	t, as necessary.)		

B. INFORMATION ABOUT OFFERING														
												١	es .	No
1.	Has the iss	uer sold, o	or does the	issuer inte	end to sell,	to non-ac	credited in	vestors in	this offerin	ıg?		[\boxtimes
				Answe	er also in A	Appendix,	Column 2,	if filing u	nder ULOI	Ξ.				
2.	What is the	e minimur	n investme									S	200,00	00 00
					•								es es	No
3.	Does the o	ffering ne	rmit ioint	nwnershin	of a single	unit?			1		•••••	Г	7	\boxtimes
4.											ctly, any co		_	
٦.											ffering. If a			
											tate or state:			
							be listed a	re associat	ed persons	of such a	broker or de	aler, you		
	may set for	rin ine ini	ormation i	or mai bro	ker or deal	er only.								
Full	Name (Las	t name fire	et ifindivi	idual)		-								
run	Name (Las	t name m	st, ii iituivi	iddai)										
Rus	iness or Res	idence Ac	Idress (No	mher and	Street City	/ State 7i	n Code)		1					
Dus	111033 01 1103	nachee 110	iai e 33 (11a	moer and .	oncot, on	, outo, za	p Code)		1					
Nan	ne of Associ	iated Brok	er or Deal	er										
Stat	es in Which	Person L	isted Has S	Solicited or	r Intends to	Solicit P	urchasers					•		
	(Check "A	ll States" (or check in	idividual S	states)		***************************************					[] All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[I]	D}
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	0)
	[MT]	[NE]	[NV]	[NH]	[UJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[P.	A]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[P	R]
Full	Name (Las	t name fir	st. if indivi	idual)										
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Bus	iness or Res	sidence Ac	idress (Nu	mber and	Street, City	, State, Zi	p Code)		,					
Nan	ne of Associ	iated Brok	er or Deal	er										
Stat	es in Which								I			_		
	(Check "A	II States"	or check in	idividual S	tates)				.,,				All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[I]	
	[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(M	-
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P	
	[RI]	[SC]	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P	RJ
Full	Name (Las	t name fire	st, if indivi	idual)										
Bus	iness or Res	idence Ac	ldress (Nu	mber and S	Street, City	, State, Zi	p Code)		ı					
									1					
Nan	ne of Associ	iated Brok	er or Deal	er				:-						
									,					
Stat	es in Which												_	
	(Check "A		or check in		itates)							_		States
	[AL]	[AK]	[AZ]	(AR)	(CA)	[CO]	(CT)	[DE]	[DC]	(FL)	[GA]	[HI]	[I]	
	(IL)	[IN]	[IA]	[KS]	(KY)	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	(MS)	[M	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NY)	[NC]	[ND]	[OH]	[OK]	(OR)	[P]	
	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[AW]	[WV]	[WI]	[WY]	[P	K)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENS	ES AND USE OF PROC	EEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	_ s
	Equity	\$ <u>1,200,000</u>	\$ <u>800,000</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>30,000</u>	\$ <u>30,000</u>
	Partnership Interests	\$	_ \$
	Other (Specify) Limited Liability Company Membership Interests	\$	_
	Total	\$ <u>1,230,000</u>	\$830,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	·	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$830,000
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	·	
	Transfer Agent's Fees	,	□ \$
	Printing and Engraving Costs		\$
	Legal Fees	*******************************	■ \$30,000
	Accounting Fees		□ \$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify) Finders' Fees (Miscellaneous administrative)		⊠ \$2,000

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■ \$32,000

	C. OFFERING, PRICE, NUMBER	OF INVESTORS, EXPENS	ES AND USE OF PRO	CEEDS				
	b. Enter the difference between the aggregate price gir Question 1 and total expenses furnished in response to 1 difference is the "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This		\$ <u>1,198,000</u>				
5.	Indicate below the amount of adjusted gross proceeds to to be used for each of the purposes shown. If the amount known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceed response to Part C - Question 4.b above.	ount for any purpose is not of the estimate. The total of	Payments To Officers, Directors, & Affiliates	Payments To Others				
	Salaries and fees	***************************************	□ \$					
	Purchase of real estate		□ \$					
	Purchase, rental or leasing and installation of machin	• • •	□ s					
	Construction or leasing of plant buildings and faciliti		□ s	D \$				
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	ership Interests	\$ \$ \$ \$ \$ \$	□ \$ □ \$ \$1,198,000 □ \$ □ \$				
	Total Laymonia Dista (column totals added)		23 \$ <u>-11.</u>	70,000				
	D. FEDERAL SIGNATURE							
sigr	e issuer has duly caused this notice to be signed by the unde nature constitutes an undertaking by the issuer to furnish to primation furnished by the issuer to any non-accredited invest	the U.S. Securities and Excha	nge Commission, upon v					
	uer (Print or Type) lackNyfe, Inc.	Signature K	_	Date March 30, 2008				
Nar	me of Signer (Print or Type)	Title of Signer (Print or Type	e)					
ŀ	Khris Loux	President						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE					
1.	Is any party described in 17 CFR 230.262 pres of such rule?	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?					
		See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	e issuer has read this notification and knows the ly authorized person.	contents to be true and has duly caused this notice	e to be signed on its behalf by the undersigned				
Iss	uer (Print or Type) JackNyfe, inc.	Signature	Date March 30, 2008				
Na	me of Signer (Print or Type)	Title (Print or Type)					
Khris Loux President							

END